

The Individual and Family Developmental Disabilities Support Waiver (DD Waiver)

The Individual and Family Developmental Disabilities Support Waiver, or the DD Waiver, is a Medicaid program that will provide home and community-based care services to Medicaid eligible individuals who would otherwise be eligible for placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), effective July 1, 2000. DMAS developed this waiver in collaboration with individuals, advocates, providers, and state agencies for approximately one year. The goal of the waiver is to allow individuals (and their families) more consumer-direction over deciding what services they need and who will provide those services. It will also encourage employment.

The following information provides a basic overview of the waiver and it will continually be updated.

Purpose	<p>The purpose of the home and community based (1915 (c)) waiver is to provide care in the community rather than in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). For additional information regarding Medicaid 1915(c) waivers, please visit the Centers for Medicare and Medicaid Services (CMS) Administration web site at: http://www.cms.hhs.gov/medicaid/.</p>
Targeted Population	<p>Individuals 6 years of age and older with a related condition related to MR who do not have a diagnosis of mental retardation and who have been determined to require the level of care provided in an ICF/MR.</p> <ol style="list-style-type: none"> 1) A Related Condition is : <ol style="list-style-type: none"> (A) Attributable to - <ol style="list-style-type: none"> (1) Cerebral palsy, epilepsy <u>or autism</u>; or (2) Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. (B) It is manifested before the person reaches age 22. (C) It is likely to continue indefinitely. (D) It results in substantial functional limitations in three or more of the following areas of major life activity: <ol style="list-style-type: none"> (1) Self-care. (2) Understanding and use of language. (3) Learning. (4) Mobility. (5) Self-direction. (6) Capacity for independent living 2) The individual must not also have a diagnosis of mental retardation as defined by the American Association on Mental Retardation (AAMR). <ul style="list-style-type: none"> • The AAMR defines mental retardation as being substantially limited in present functioning that is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests itself before age 18. • A diagnosis of mental retardation is made if the person's intellectual functioning level is approximately 70-75 or below, as diagnosed by a licensed clinical professional; and there are related limitations in two or more applicable adaptive skill areas; and the age of onset is 18 or below; and the person meets existing criteria for placement in an ICF/MR. If a valid IQ score is not possible, significantly sub-average intellectual capabilities means a level of performance that is less than that observed in the vast

	<p>majority of persons of comparable background. In order to be valid, the assessment of the intellectual performance must be free from errors caused by motor, sensory, emotional, language, or cultural factors.</p> <p>3) Please note that individuals must meet the level of care required to need institutional care and are thus at risk of entering an ICF/MR if they do not receive waiver services. This does not mean that individuals have to enter an institution in order to be eligible to receive waiver services.</p>
--	---

Eligibility Rules	<ul style="list-style-type: none"> • Individuals must be eligible for Medicaid and meet screening criteria (as described in the Targeted Population Section); • The income limit is 300% of the SSI payment limit for one person; • Parental income will not be considered when determining eligibility.
Services That Will Be Available	<ul style="list-style-type: none"> • Day support is training in intellectual, sensory, motor, and affective social development including awareness skills, sensory stimulation, use of appropriate behaviors and social skills, learning and problem solving, communication and self care, physical development, transportation to and from training sites, services and support activities, and prevocational services aimed at preparing an individual for paid or unpaid employment. These services are offered in a setting other than the individual's home or residence. • Supported employment will consist of training in specific skills related to paid employment and provision of ongoing or intermittent assistance and specialized training to enable an individual to maintain paid employment provided to developmentally delayed individuals. This can be provided one on one to individuals, or in a group setting. • In-home residential support is support provided in the developmentally disabled individual's home which includes training, assistance, and supervision in enabling the individual to maintain or improve his health, assistance in performing individual care tasks, training in activities of daily living, training and use of community resources, providing life skills training, and adapting behavior to community and home-like environments. • Therapeutic consultation is provided by licensed or certified practitioners of psychology, social work, behavioral analysis, speech therapy, occupational therapy, therapeutic recreation, physical therapy disciplines or behavior consultation to assist individuals, parents and family members, residential support, day support and any other providers of support services in implementing a plan of care. • Personal care services include assistance with personal hygiene, nutritional support, and the environmental maintenance necessary for individuals to remain in their homes and in the community. • Respite care (agency and consumer-directed) is a service specifically designed to provide temporary but periodic or routine relief to the unpaid primary caregiver of eligible individuals who are unable to care for themselves due to physical or cognitive disabilities. • Skilled nursing services will be provided for individuals with serious medical conditions and complex health care needs who require specific skilled nursing services that cannot be provided by non-nursing personnel. Skilled nursing may be provided in the individual's home or other community setting on a regularly scheduled or intermittent need basis.

	<ul style="list-style-type: none"> • Attendant care services include hands on care specific to the needs of the eligible individual. Individuals 18 years of age or older have the option of self-directing their care. If self-directing care, they must have the capability to hire and train their own personal attendants. If individuals receiving services are unable to direct their own care, or are minors under the age of 18, a family caregiver may serve as the employer on behalf of the individual. • Family and caregiver training will provide training and education related to disabilities, community integration, family dynamics, stress management, behavior interventions and mental health to families of individuals receiving services in the DD Waiver. • Crisis stabilization will provide intervention to persons with developmental disabilities who are experiencing serious psychiatric or behavioral problems, or both, that jeopardize their current community living situation. • Environmental modifications are physical adaptations to a house, place of residence, vehicle or work site, when the modification exceeds reasonable accommodation requirements of the Americans with Disabilities Act, necessary to ensure individuals' health and safety or enable functioning with greater independence when the adaptation is not being used to bring a substandard dwelling up to minimum habitation standards and is of direct medical or remedial benefit to individuals. • Assistive technology consists of specialized medical equipment and supplies including those devices, controls, or appliances, specified in the plan of care but not available under the State Plan for Medical Assistance, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live or which are necessary to the proper functioning of such items. • Personal emergency response system (PERS) is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. • Support Coordination (A form of case management) is the assessment, planning, linking, and monitoring for individuals referred for the IFDDS Community-Based Care Waiver. Support coordination (i) ensures the development, coordination, implementation, monitoring, and modification of consumer service plans; (ii) links individuals with appropriate community resources and supports; (iii) coordinates service providers; and (iv) monitors quality of care.
Screening and Service Authorization	DMAS contracts with the Virginia Department of Health's Child Development Clinics to conduct the screenings for the DD Waiver. The Child Development Clinics will assess individuals to see if they meet the

	<p>criteria as outlined in the Targeted Population and the functional criteria for admission to an ICF/MR.</p> <p>There are currently 11 Child Development Clinics located throughout the Commonwealth. Locations of the clinics can be obtained by clicking here: http://www.vahealth.org/specialchildren/cdsclinics.htm</p>
Program Administration	The waiver will be administered by the DMAS Long-Term Care and Quality Assurance Division.
Service Provision	<p>Services are provided by providers who have an agreement with DMAS. A memo went out to all service providers informing them of the new Waiver on September 18, 2000. You may view the memo by clicking here: http://www.dmas.virginia.gov/downloads/pdfs/IFDD_Waiver_9-18-00.pdf.</p> <p>Agencies and organizations that are interested in being service providers or support coordinators for the DD Waiver can download the provider application for each service and the provider agreement by clicking on the following web site: http://www.dmas.virginia.gov/search.asp?Userid=2&type=8.</p>
Number of People Served	241 individuals were served during FY 2003.
Cost	\$5.4 million was spent on DD Waiver recipients during Fiscal Year 2003, with an average care plan cost of \$22,588. A Fiscal Year runs from July 1 through June 30 th of the following year.

How Do I Request to be Screened for Services?

Applicants will need to submit a Request For Screening Form, which can be downloaded by clicking here: <http://www.dmas.virginia.gov/downloads/forms/DMAS-305.pdf>. If you cannot download the document, please contact DMAS at (804) 785-1465 to have a form mailed to you.

Please fill out the request in its entirety, sign and date it, and send the original form to DMAS at the address below. Screening requests will not be processed by DMAS without an original signature. The screeners may possibly need to contact the school or your physicians to obtain additional information. In order to expedite the screening process, please complete the Consent to Exchange Information Form and mail the original with your screening request form. The consent form may be accessed by clicking here: <http://www.dmas.virginia.gov/downloads/forms/DMAS-20.PDF>.

Please mail the document(s) to DMAS. You may fax the documents to DMAS at (804) 371-4986, but the original (signed) forms must also be mailed to DMAS. You will be contacted by the screening clinic to set up a screening time. Please mail the document(s) to:

DMAS
Behavioral Health and Developmental Disabilities Unit
Long-Term Care and Quality Assurance Division
600 East Broad Street
Richmond, Virginia 23219

Families and applicants are encouraged to gather the following items together in preparation for the screening:

- Medical documentation;
- Psychological evaluations;
- Birth certificate;
- School records (IEPs, etc.); and
- Any other records that describe the applicant's diagnosis and functional ability.

If you have additional questions regarding the Request for Screening process or any other issues, please contact the DMAS Behavioral Health and Developmental Disabilities Unit at (804) 786-1465 or e-mail Pat Homan at Pat.Homan@dm.virginia.gov.